Saskatchewan
Health

SWIFT CURRENT

HEALTH REGION # 1

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ANNUAL REPORT

1989 - 1990

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REGIONAL BOARD OF HEALTH

HEALTH REGION #1 - SWIFT CURRENT

BOARD MEMBERS AS OF JANUARY, 1990

Andrew Lockhart	Chairman	Box 636 Maple Creek SON INO	662-3059
Shirley Williams	V/Chairman	Box 6 Pennant SON 1X0	626-3238
Rose Kirkpatrick	Treasurer	Box 163 Cabri SON OJO	587-2566
Ernest Howes		Box 28 Sceptre SON 2H0	623-4364
John Kimber		Box 241 Tompkins SON 2S0	622-2135
Kathy Lang		Box 8 Waldeck SOH 4J0	773-9778
Donat Girard		Box 421 Eastend SON OTO	295-3235
Rod Thienes		Box 91 Shaunavon SON 2M0	297-3864
Frank Peters		301-1140-9th. North East Swift Current S9H 2S9	773-2145

RURAL MUNICIPALITIES

Val Marie No. 17	Doris Kornfeld Box 30 Val Marie SON 2T0 298-4609
Lone Tree No. 18	Leo Coburn Climax SON ONO 293-2804
Frontier No. 19	Ernest W. Nelson Box 66 Frontier SON OWO 296-2140
Glen McPherson No. 46 (Mankota)	
White Valley No. 49 (Eastend)	Donat Girard Box 421 Eastend SON OTO 295-3235
Reno No. 51 (Consul)	
Auvergne No. 76 (Ponteix)	Dale Davidson Aneroid SON OCO 588-2605
Wise Creek No. 77 (Shaunavon)	Norman R. Galey Box 86 Cadillac SON OKO 785-2151
Grassy Creek No. 78 (Shaunavon)	Gary Van Sandt Box 548 Shaunavon SON 2M0 297-3511

Arlington No. 79 (Shaunavon)	Rod Thienes Box 91 Shaunavon SON 2M0 297-3864
Glen Bain No. 105	Harry Minifie Vanguard SON 2V0 582-6010
Whiska Creek No. 106 (Vanguard)	
Lac Pelletier No. 107	Henry Hildebrandt Box 40 Blumenhof SON OEO 627-3390
Bone Creek No. 108 (Shaunavon)	Brett Meinert Box 1438 Shaunavon SON 2M0 297-3159
Carmichael No. 109 (Gull Lake)	Jimmy McCallum Box 327 Shaunavon SON 2M0 297-2014
Piapot No. 110	Kenneth Wright Box 28 Piapot SON 1Y0
Maple Creek No. 111	John Schock Box 1016 Maple Creek SON 1N0 662-2023
Coulee No. 136	Victor Wilson Site 4, Box 5 Swift Current S9H 3X7 553-2340
Swift Current No. 137	Albert Salter Box 815 Swift Current S9H 3W8 773-7091

Webb No. 138	Trudy Jewitt Box 32 Webb SON 2X0 674-2256
Gull Lake No. 139	Les Allison Box 693 Gull Lake SON 1A0 672-3741
Big Stick No. 141 (Golden Prairie)	Andrew Lockhart Box 636 Maple Creek SON 1N0 662-3059
Enterprise No. 142 (Richmound)	Jim Brown Box 53 Richmound SON 2E0 669-4901
Excelsior No. 166	Don Meyer Box 98 Rush Lake SOH 3S0 773-2911
Sask. Landing No. 167	Dan Barber Box 114 Stewart Valley S0N 2P0 778-2259
Riverside No. 168 (Pennant)	Shirley Williams Box 6 Pennant SON 1X0 626-3238
Pittville No. 169 (Hazlet)	
Fox Valley No. 171	Robert Hellman Box 86 Richmound SON 2E0 669-4215

Miry Creek No. 229 (Abbey)	Simon Hagel Abbey SON OAO
Clinworth No. 230 (Sceptre)	Patricia Jorgenson Box 8 Portreeve SON 2A0 689-2709
Happyland No. 231 (Leader)	Maynard Mastel Box 338 Leader SON 1H0 628-3275
Deer Forks No. 232 (Burstall)	Raymond Ehnisz Box 75 Burstall SON 1H0 679-462
VILLAGES	
Abbey	Donald Barr Abbey SON OAO 689-2254
Admiral	
Aneroid	
Bracken	Brian Carleton Bracken SON OGO 773-4108 (till spring)
Cadillac	
Carmichael (Gull Lake)	Dorothy Meyer Box 663 Gull Lake SON 1A0

Climax	Reg Smith Climax SON ONO 293-2024 (H) 293-2131(W)
Consul	Carrie Funk Consul SON OPO
Dollard	Ray Goulet Box 4 Dollard SON OSO 297-3120
Fox Valley	Tony J. Koch Box 243 Fox Valley SON OVO 666-3023
Frontier	Agnes Howell Frontier SON OWO
Golden Prairie	Lawrence Oddan Golden Prairie SON OYO 662-2572
Hazlet	
Lancer	Lester Jorgenson Box 14 Lancer SON 1G0 689-2689
Mendham	
Neville	

Pennant		
Piapot		
Prelate		Frank Rissling Prelate SON 2B0
Richmound		
Robsart		Archie L. Smiley Robsart SON 2G0 299-4921
Rush Lake	Mon 784-3504 (w) Tu/Wed/Th 773-4697 (w) 773-7114 (h)	Adeline Steinley Box 120 Rush Lake, S0H 3S0
Sceptre		Ernest Howes Box 28 Sceptre SON 2H0 623-4364
Shackleton		Clifford Plant Box 171 Cabri SON OJO 587-2957
Stewart Valley		Douglas Shumaker Stewart Valley SON 2P0 778-2184
Success		

Tompkins	John Kimber Box 241 Tompkins SON 2S0 622-2135
Val Marie	
Vanguard	
Waldeck	Kathy Lang Box 8 Waldeck SOH 4J0 773-9778
Webb	

TOWNS

Burstall	
Cabri	Rose Kirkpatrick Box 163 Cabri SON 0J0 587-2566
Eastend	
Gull Lake	

Leader	Virge Hoffman Box 427 Leader SON 1H0 628-3214
Maple Creek	
Ponteix	
Shaunavon	

CITIES

SWIFT CURRENT DISTRICT

Swift Current	Frank Peters 301-1140-9th Ave. N.E. Swift Current S9H 2S9 773-2145

MISSION STATEMENT

WORKING TOGETHER

FOR HEALTH

AND

WELL BEING

REPORT OF THE MEDICAL HEALTH OFFICER AND REGIONAL DIRECTOR

- Dr. W.S.E. Jones

The 1990 year marks my second year and I report some forward leaps in this region on the whole.

The Community Health Services Branch now consists of Prevention and Treatment Services. The Medical Health Officer and Regional Director remains head of Prevention which consists of Nursing, Early Childhood Psychologist, Public Health Inspectors, Speech and Language Pathologist, Public Health Nutritionist, Dental Health Educator and Director of Regional Support Services.

I believe with on-going demonstrations, Board Members have become much more informed in all disciplines' role in the regions. There has been an improvement in communication between individual board members and the regional office.

In the previous year, the Board elected Drug Awareness as the subject for the keynote speech.

STAFF:

As of March 31, 1990, staff in the region consisted of:

SWIFT CURRENT

Medical Health Officer/Regional Director
- Dr. W.S.E. Jones
  (Shared with Moose Jaw Health Region No. 2)

Director of Regional Support Services
- A.W. Tkatchuk
  (Shared with Moose Jaw Health Region No. 2)

Acting Regional Nursing Supervisor
- Donna Robinson
  (Shared with Moose Jaw Health Region No. 2)

Public Health Nurse II
- Hazel Padfield

Public Health Nurse I
- Jennifer Heinrichs (Casual)
- Marg Holt
- Laurie Pilkey (Job Share)
- Kathy Scherger (Job Share)
- Bonnie Shaw

Senior Public Health Inspector
- John Bower
(Shared with Moose Jaw Health Region No. 2)

Public Health Inspector II
- Robin Galbraith
- Mathew Green

Early Childhood Psychologist
- Suzanne Schulz
(Shared with Moose Jaw Health Region No. 2)

Speech-Language Pathologist
- Isabelle Roth

Dental Health Educator
- Loretta Fuller

Public Health Nutritionist
- Laurie Wadsworth
(Shared with Moose Jaw Health Region No. 2)

Clerk Typist III
- Ardyce Taylor

Clerk Typist II
- Ad Hyswick
- Paula McKerrell (Casual)

TREATMENT BRANCH:

Chiropody
- Terry Wharton

Chiropody Assistant
- Cathy Sartison

Clerk Typist II
- Bette Bradley (Job Share)
- Sally Wiens (Job Share)

Community Therapists
- Bev LeBruno (Physiotherapist)
- Lyn Sauder (Occupational Therapist)

DISTRICT OFFICES:

LEADER

Public Health Nurse I
- Jeannine Schmaltz

Clerk Typist II
- Joan Nixon (Part-time)

MAPLE CREEK

Public Health Nurse I
- Corinne Arnold

Clerk Typist II
- Sharlaine Dean (Part-time)

SHAUNAVON

Public Health Nurse I
- Marlette Lucas-Simpson
- Leslie Wagner

Public Health Inspector II
- Grant Paulson

Clerk Typist II
- Bev Goulet (Part-time)

Community Therapists (Treatment Branch)
- Collette Anderson (Physiotherapist)
- Dianne Kruse-Dahl (Physiotherapist)

RESIGNATIONS:

Rebecca Stokes - Public Health Nurse I
Lynn Bateson - Speech-Language Pathologist
Mary Wiseman - Public Health Nurse I
Maureen Chatton - Public Health Nurse I

The Serving People First Committee operating under Systems and Strategies Committees have decided to combine and form a single committee. Many of the requests by this committee have been granted. A few are still being considered at executive level at the Central Office.

HEALTH EDUCATION:

Programmes have continued as per 1988 - 1989. Requests for presentations are now increasing, notably that for AIDS. Other recent requests made include Smoking Awareness and Teen Pregnancy.

Immunization Seminar was conducted for staff of hospitals and home care institutions this year with a very favourable evaluative response.

Health talks are conducted wherever and whenever possible. For example, there is no better place than in small rural hospitals to highlight awareness of teenage

pregnancy as to make a 15 to 20 minute speech to the Medical Advisory Committee. Moreover for this to be effective, repeated referrals to the subject is necessary to maintain this awareness in time.

The reporting of Sexually Transmitted Diseases from physicians is improving. However, a fair amount of reminders need still to be done. As mentioned in our meetings before, those Municipal Representatives who are on hospital boards could be most helpful in improving the reporting process by bringing this up in their hospital board meeting.

A survey on the dissemination of information (hospitals and home care facilities) revealed more than adequate information was being exchanged between the various institutions.

A further survey on smoking, at the same time, on efforts being made by the above mentioned institutions revealed a varying amount of effort and dedication is being applied on the whole. One hospital will be completely smoke-free as of June, 1990.

The choice of Everyone Wins Projects is now made at the community level by the Regional Board of Health in tune with the modern and worthy concept of community development.

The Medical Health Officer is pleased to report he represents Prevention Services at the Perinatal Education Committee. He also represented the branch at the Regionalization of Reproductive Care and Forum on Families Conferences.

The Medical Health Officer was asked to represent the Community Health Services Branch at the Seniors' Fair in Swift Current.

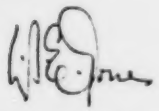
May 12th was proclaimed Canada Health Day this year by His Worship, the Mayor Len Stein. By this means, highlighting Primary Health Care and the need for exercising responsibility towards one's health.

At the Saskatchewan Public Health Association Annual Meeting in April of this year, the theme was on the Environment. During this conference, several speakers called for a greater cooperation and coordination between the Departments of Community Health, Prevention Services Branch, and the Department of Environment.

I shall direct your attention to some statistics in the following pages.

However, before closing let me take this opportunity of thanking both the Board and members of staff for their cooperation during the past year in working together for health and well being.

Respectfully submitted,



Dr. W.S.E. Jones, M.B., D.P.H., M.R.C.O.G.
Medical Health Officer and Regional Director

TABLE I

NUMBER OF DEATHS (ICDA IN E850-E869 OR E880-E929)
OCCURING IN SASKATCHEWAN IN 1989
BY LOCATION OF DEATH AND CAUSE OF DEATH

	HOME	FARM	MINE QUARRY	INDST. PLACE	SPORT PLACE	HWY.	PUBLIC BLDG	RESID INST.	OTHER	NOT SPEC.	NOT AVAIL.	TOTAL
ALL CAUSES OF DEATH	84	19	1	6		6	3	26	14	38	17	214
E48 ACCIDENTAL POISONING	13	2		1			1	1		2	3	23
E50 ACCIDENTAL FALLS	50	2		2		3		21		15		93
E51 ACCIDENTS CAUSED BY FIRES & FLAMES	8						1		1		3	13
E52 OTHER ACCIDENTS,LATE EFFECTS	13	15	1	3		3	1	4	13	21	11	85

The home is the most common location of accidential deaths.

TABLE II

TOTAL NUMBER OF VITAL EVENTS OCCURRING IN SASKATCHEWAN IN 1989
BY HEALTH REGION

HEALTH REGION	BIRTHS	DEATHS	INFANT DEATHS	NEONATAL DEATHS	PERINATAL DEATHS	STILL BIRTHS	INFANT DEATH RATE	PERINATAL DEATH RATE
TOTAL FOR PROVINCE	16572	7861	129	79	114	52	7.78	6.86
# 1 SWIFT CURRENT	503	357	5	4	6	3	9.94	11.86
# 2 MOOSE JAW-ASSINIBOIA-GRAVELBOURG	978	623	9	6	7	2	9.20	7.14

There is a slight rise in the Perinatal Mortality rate for Swift Current. However, from statistics it has been shown that the biggest cause for this is due to unspecified and unknown causes followed by low birth rate. Therefore, attention to the latter two categories could subsequently reduce morbidity, as for example, avoidance of smoking and alcohol during pregnancy.

Fetal mortality is now reduced to probably as far as reasonably possible. Fetal morbidity now needs much greater attention.

TABLE III

NUMBER OF DEATHS BY CAUSE, AGE GROUP AND SEX
OCCURRING IN SASKATCHEWAN IN 1989
FOR HEALTH REGION # 3 WEYBURN-ESTEVAN

	TOTAL	ALL AGES		< 15		15-24		25-44		45-64		65-74		75+	
		M	F	M	F	M	F	M	F	M	F	M	F	M	F
ALL CAUSES OF DEATH	467	269	198	4	5	3	1	16	4	35	19	53	35	158	134
08 M N OF LIP,ORAL CAVITY,PHARYNX	2	1	1	0	0	0	0	0	0	0	0	0	0	1	1
09 M N OF DIGESTIVE ORGANS,PERITONEUM	28	14	14	0	0	0	0	1	1	3	1	1	3	9	9
10 M N OF RESPIRATORY & RELATED ORGANS	20	14	6	0	0	0	0	0	0	4	2	4	3	6	1
11 M N OF BONE,SKIN,BREAST	10	2	8	0	0	0	0	0	0	0	2	1	2	1	4
12 M.N. OF GENITOURINARY ORGANS	12	7	5	0	0	0	0	0	0	1	2	1	1	5	2
13 M N OF OTHER & UNSPECIFIED SITES	7	3	4	0	0	0	0	0	0	0	1	1	0	2	3
14 M N OF LYMPH & HAEMOPOIETIC TISSUE	10	6	4	0	0	0	0	0	0	2	0	2	2	2	2
15 BENIGN NEOPLASM	1	0	1	0	0	0	0	0	0	0	1	0	0	0	0
17 OTHER & UNSPECIFIED NEOPLASM	1	1	0	0	0	0	0	0	0	0	0	0	0	1	0
18 ENDOCRINE & METABOLIC DISEASES	8	4	4	0	0	0	0	0	0	0	0	1	1	3	3
19 NUTRITIONAL DEFICIENCIES	1	0	1	0	0	0	0	0	0	0	0	0	0	0	1
20 DIS OF BLOOD/FORMING ORGANS	2	1	1	0	0	0	0	0	0	0	0	0	0	0	1
21 MENTAL DISORDERS	5	4	1	0	0	0	0	0	0	1	1	3	0	0	0
22 DISEASES OF THE NERVOUS SYSTEM	11	7	4	0	0	0	0	1	0	1	0	0	3	5	1
25 RHEUMATIC FEVER/HEART DISEASE	3	1	2	0	0	0	0	0	0	0	1	0	0	1	1
26 HYPERTENSIVE DISEASE	6	4	2	0	0	0	0	0	0	0	0	1	0	3	2
27 ISCHAEMIC HEART DISEASE	108	65	43	0	0	0	0	0	0	8	3	16	6	41	34
28 PULMONARY & OTHER HEART DISEASE	44	19	25	0	1	0	0	1	0	3	1	1	4	14	19
29 CEREBROVASCULAR DISEASE	40	22	18	0	0	0	0	1	0	4	1	4	4	13	13
30 OTHER DISEASES OF CIRCULATORY SYSTEM	10	6	4	0	0	0	0	0	0	0	0	2	1	4	3
32 OTHER DISEASES OF RESPIRATORY SYSTEM	54	37	17	0	0	0	0	0	0	3	1	7	2	27	14
34 OTHER PARTS OF DIGESTIVE SYSTEM	22	10	12	0	0	0	0	0	1	1	0	2	2	7	9
35 DISEASES OF URINARY SYSTEM	11	7	4	0	0	0	0	0	0	0	0	2	0	5	4
43 MUSCULOSKELETAL & CONNECTIVE TISSUE	1	0	1	0	0	0	0	0	0	0	0	0	1	0	0
44 CONGENITAL ANOMALIES	2	2	0	2	0	0	0	0	0	0	0	0	0	0	0
46 SYMPTOMS & ILL-DEFINED CONDITIONS	9	5	4	1	1	0	0	0	0	0	0	0	0	4	3
E47 TRANSPORT ACCIDENTS	14	10	4	1	0	1	1	7	1	0	2	0	0	1	0
E48 ACCIDENTAL POISONING	4	4	0	0	0	1	0	1	0	0	0	2	0	0	0
E49 MISADVENTURES DURING MEDICAL CARE	1	0	1	0	0	0	0	0	0	0	0	0	0	0	1
E50 ACCIDENTAL FALLS	5	3	2	0	0	1	0	0	0	1	0	0	0	1	2
E52 OTHER ACCIDENTS,LATE EFFECTS	7	5	2	0	1	0	0	3	0	1	0	0	0	1	1
E54 SUICIDE AND SELF-INFLICTED INJURY	2	2	0	0	0	0	0	0	0	0	0	2	0	0	0
E55 HOMICIDE & INTENTIONAL INJURY	3	1	2	0	2	0	0	1	0	0	0	0	0	0	0
E56 OTHER VIOLENCE	3	2	1	0	0	0	0	0	1	1	0	0	0	1	0

The most common cause of death is due to ischaemic (Coronary artery) disease followed by pulmonary and other heart disease. It is noted more women than men die of pulmonary and other heart disease. In fact, in the past few years the figures for the latter have been rising. This is due to the increase in the number of women who now smoke tobacco.

TABLE IV

NUMBER OF BIRTHS OCCURRING IN SASKATCHEWAN IN 1989
BY MOTHER'S AGE, MARITAL STATUS AND HEALTH REGION

		TOTAL	10-14	15-19	20-24	25-29	30-34	35-39	40-44	45+	
TOTAL FOR PROVINCE	TOTAL	16572	29	1656	4327	6314	3345	801	95		5
	MARRIED	12107	1	233	2638	5429	3017	704	80		5
	OTHER	4465	28	1423	1689	885	328	97	15		
# 1 SWIFT CURRENT	TOTAL	503		29	114	240	90	28	2		
	MARRIED	437		4	92	231	83	25	2		
	OTHER	66		25	22	9	7	3			
# 2 MOOSE JAW-ASSINIBOIA-GRAVELBOURG	TOTAL	978		77	284	378	190	43	5		1
	MARRIED	796		15	223	342	174	37	4		1
	OTHER	182		62	61	36	16	6	1		

There were no births in Health Region No. 1 (Swift Current) for the 10 - 14 year olds.
The teenage births account for 1 in 10 births in the province.

TABLE V

NUMBER OF BIRTHS
OCCURRING IN SASKATCHEWAN IN 1989
BY MOTHER'S AGE, MARITAL STATUS AND BIRTH WEIGHT

		<2500 GRAMS	2500+ GRAMS	TOTAL	PERCENT <2500
TOTAL	TOTAL	872	15700	16572	5.3
	MARRIED	583	11524	12107	4.8
	OTHER	289	4176	4465	6.5
10-14	TOTAL	0	29	29	0.0
	MARRIED	0	1	1	0.0
	OTHER	0	28	28	0.0
15-19	TOTAL	110	1546	1656	6.6
	MARRIED	16	217	233	6.9
	OTHER	94	1329	1423	6.6
20-24	TOTAL	203	4124	4327	4.7
	MARRIED	113	2525	2638	4.3
	OTHER	90	1599	1689	5.3
25-29	TOTAL	315	5999	6314	5.0
	MARRIED	255	5174	5429	4.7
	OTHER	60	825	885	6.8
30-34	TOTAL	185	3160	3345	5.5
	MARRIED	158	2859	3017	5.2
	OTHER	27	301	328	8.2
35-39	TOTAL	46	755	801	5.7
	MARRIED	33	671	704	4.7
	OTHER	13	84	97	13.4
40-44	TOTAL	11	84	95	11.6
	MARRIED	6	74	80	7.5
	OTHER	5	10	15	33.3
45-49	TOTAL	2	3	5	40.0
	MARRIED	2	3	5	40.0

Demonstrates low birth weight is not related to teen births.

TABLE VI

REPORTED CASES OF SEXUALLY TRANSMITTED DISEASES

DISEASE	1985	1986	1987	1988	1989
AIDS			1		
Chlamydia Infection		19	2	21	10
Gonorrhea	2	16	13	2	1
Human Papilloma Virus					
Molluscum Contageosum					1
NGU				2	
Syphilis - Early	2				
Syphilis - Other					
Genital Herpes Type 1				2	
Type 2				2	
Untyped				2	
Contact Treated				2	

There has been a drop in Chlamydia and Gonorrhea cases reported, also no case Syphilis was reported.

TABLE VII

REPORTED CASES OF COMMUNICABLE DISEASES

DISEASE	1985	1986	1987	1988	1989
Hepatitis A			1	2	1
Hepatitis B	2	1			1
Hepatitis B Carrier					1
Measles		1			1
Mumps		1	1		
Hemophilus Meningitis					
Rubella					1
Salmonellosis	4	20	8	8	3
Shigellosis			8		
Campylobacter Infections	4	11	1	8	10
Tuberculosis - Respiratory	2		2	1	
Tuberculosis - Other					
Chickenpox	80		15	28	40
Food Poisoning					
Gastro-Ecoli 0157				2	5
Giardiasis	1		13	18	17
Meningitis Pneumococcal	2	3			
Meningitis Viral					1
Meningococcal Infections				1	
Pertussis			1		
Amoebiasis					1

Campylobacter and Giardiasis infections are still the commonest forms of intestinal infections in this region. There were five cases of Ecoli Enteritis with no deaths reported.

TABLE VIII

TEENAGE BIRTH RATES FOR SPECIFIED AREAS

1986 - 1989

	10 - 14	15 - 19
Moose Jaw Health Region		
1986	0.43	39.71
1987*	0.41	42.38
1988*	0.41	33.48
1989	--	17.11
Swift Current Health Region		
1986	--	15.69
1987*	0.57	15.40
1988*	0.56	19.47
1989	--	8.56
Saskatchewan		
1986	0.49	44.93
1987	0.95	43.31
1988*	0.93	40.86
1989	0.36	21.26
Canada		
1986	0.24	22.73
1987*	0.27	22.54
1988*	N/A	N/A
1989	N/A	N/A

Birth rate is calculated as the number of births per 1,000 females in the specified age group.

Covered Population for 1986, 1987, 1988 and 1989 was used to calculate rates for Moose Jaw and Swift Current Health Regions and for Saskatchewan.

Statistics Canada Postcensal Estimates were used to calculate rates for Canada.

* Preliminary Data. N/A Not Available.

Shows a fall in teenage birth for Health Region No. 1 and 2.

It should be noted a province-wide teen pregnancy programme was reinstated on the 1st April 1989.

REPORT OF THE DIRECTOR OF REGIONAL SUPPORT SERVICES

- A.W. Tkatchuk

This report, the second annual overview regarding the major activities of the Director of Support Services in relationship to the Regional Board, Regional Office, and special project assignments which I was involved with in the past year.

SERVICES TO THE BOARD

I was impressed by the initiative and interest with which the Board carried out their activities in the past year. I would like to thank the Board Chairman, Mr. Lockhart, and all Board Members for their co-operative spirit shown in working with my office. You should be congratulated on your initiative shown in becoming involved in upgrading CHC facilities in your community, pursuing municipal board representation appointments and stressing greater visibility of the Regional Board role in the community through media releases. Your support for the Community Crisis Centre through direct financial assistance promoted the philosophy of health prevention in the community. The future looks even more challenging with the revision to the Everyone Wins Community Grant Program which will be managed by the Regional Board of Health.

REGIONAL ACTIVITIES

This was a very active year with many changes in administrative roles in the region along with the appointment of a new Executive Director, Jane Knox. I join the region in welcoming Mrs. Knox's appointment, her keen interest in Community Health along with her sensitivity to regional concerns will undoubtedly challenge all regional staff to work toward the improvement and expansion of preventative health initiatives in the Health Region.

In 1989-90 we have seen changes in regional administration with the implementation of computerization. This technology will assist the region with work simplification in streamlining office and report writing procedures as well as data and statistic recording.

Capital equipment was purchased in the form of new audiometers, audio-visual equipment, some fridge replacements and small program delivery items. Photocopying access was improved in district offices and regional office installed a larger, more time efficient

unit. Improved phone systems were installed in district office to facilitate improved communications.

Space and accommodation in regional offices, district offices, and CHC's were addressed. A space committee was struck in the region and through its concerted effort the Swift Current Regional Office received a departmental priority assignment of #3 for future capital projects in health. Prime focus of the renovation is to address the consolidation of clerical reception for efficiency and improved client service.

The Serving People First Committee has been active in bringing forth ideas and suggestions for improved client service delivery. I thank the committee for their co-operative spirit shown in addressing short term and long term goals. We have had some successes in obtaining client designated and handicapped parking at the E.I. Wood Building. In addition the committee support for expanded clerical staffing and regional space needs assisted management in obtaining branch recognition and support for these initiatives.

The Everyone Wins Student Program was administered in the region in 1989. This program allowed students to cover both Moose Jaw and Swift Current Health Regions visiting small communities to give greater visibility to the Everyone Wins Programs in schools, nursing homes, aged facilities as well as sports and recreational gatherings which community residents attended. We hope that this program allowed the regional residents to gain a better appreciation for the initiative in the promotion of a healthier lifestyle.

I wish to thank the Regional Director and fellow Community Health Staff for their support and co-operation I received in the past year. In particular the extraordinary effort shown by our clerical staff who gave of themselves fully to assist all programs in meeting their communication and clerical requirements.

SPECIAL PROJECTS INVOLVED WITH AT THE REGIONAL, BRANCH, DEPARTMENTAL LEVEL:

- developed a feasibility study for improved photocopy access for all regional offices and district offices in the province through the co-operation and co-ordination of fellow D.R.S.S.'s
- acted as a facilitator for the Serving People First Seminars
- member of the Human Resource Task Force in Health: addressing the challenges encountered in staffing procedures in health

- member of the Work Simplification Study Group: addressing streamlining of staffing procedures and appeal processes
- Chairman of the Task Force Community Health: addressing revision to administrative procedure and staff responsibilities.

FUTURE OBJECTIVES FOR THE REGION:

- gain the most effective advantage of computerization in the Health Region
- address regional space needs
- enhance Serving People First Committee work
- address staff recognition policy and procedure in the region
- support the Board in managing the Everyone Wins Community Grant Program.

I found 1989-90 challenging, and realized a great degree of job satisfaction in accomplishing many regional achievements. I also look forward to 1990-91 with anticipation for bigger and better things to come to the region in new prevention initiatives.

REPORT OF THE SUPPORT STAFF

- Ardyce Taylor

This year has seen many changes in the clerical staff. Julie Wagner commenced 1-year maternity leave in November, we hired Bette Bradley to cover her job-share position. February 1st was the change-over to Prevention Services Branch and Treatment Services Branch wherein Sally Wiens and Bette Bradley moved to fill the clerical position in Treatment Branch. This left only two clerical staff in Prevention Services. We were fortunate to have Sally Wiens come in part-time and she was responsible for the Speech-Language Pathologist, Dental Health Educator, Public Health Nutritionist and Early Childhood Psychologist clerical workload. She resigned this position at the end of April and we now have Paula McKerrell working casual in this area.

I wish to express my appreciation to all staff for their support and co-operation in dealing with their particular discipline. Also my thanks to Dr. Jones and Alvin Tkatchuk for their support and encouragement in day-to-day routines.

Many thanks go to all the clerical staff for their continued support, diligence and co-operation.

REPORT OF THE PUBLIC HEALTH NURSES

- Donna Robinson

In 1989 there were several staff changes. In the Maple Creek office, Mary Wiseman resigned in September after thirteen years of service. This position is still vacant. In the Swift Current office, Maureen Chatton moved to British Columbia in August after two years of service. This position is still vacant. Rebecca Pollack/Stokes moved to Calgary in April 1990 after one and one-half years of service to join her husband. This leaves three vacant Public Health Nurse I positions.

We are grateful for the assistance of Jennifer Heinrichs of Swift Current, who is working part-time and also Esther Sigurdson of the Morse District office who helps out.

Joan Whiteside, Regional Nursing Supervisor, began a two-year education leave in September 1989. Acting Regional Nursing Supervisor, Donna Robinson from Moose Jaw, continues to cover both regions. It is anticipated that this situation will be revised early in the 1990 fiscal year, as the senior management positions of these two health regions are filled.

In April, 1989, the Public Health Nursing Support Program for Pregnant Adolescents was introduced into the Health Region. The Public Health Nurses have always provided prenatal services to adolescents, but in April a manual was developed with very specific measurable goals and strategies. The literature documents specific risks associated with adolescent pregnancy, especially for females under 18 years of age. Risks identified pertain to the health and well-being of the mother as well as the fetus and later, the infant. Our target population is adolescents under 18 years of age. The goals for this program are as follows:

- to identify pregnant adolescents as early as possible. The program was promoted among physicians, social workers, education personnel in an effort to solicit referrals to the program
- to provide health education and counselling to pregnant adolescents and their significant others in order to promote the healthiest pregnancy outcome possible
- to provide support (education and counselling) postnatally to the adolescent and significant others.

The objectives of the program are:

- to admit 50% of pregnant adolescents to the program by 1990

- to respond to 100% of referrals to the program within two weeks of receipt of referral

- to meet with the adolescent and significant others a minimum of once per month
- to provide a postnatal home visit within two weeks of delivery and a subsequent home visit within one month of delivery.

The Public Health Nurses in the Swift Current Health Region received and followed eight referrals for pregnant adolescents.

From April - December, 1989 the Public Health Nurses conducted an evaluation of the Communication Questionnaire that they administered to all three-year-olds who attended the Child Health Conference.

The nurses had a target population of 585 children in the Health Region. They screened a total of 302. Of that number, 23 failed the questionnaire. The Public Health Nurses, in fact, screened 56% of the target population. Forty-six children were ineligible due to English not being their first language. Seven parents refused to be referred for further testing.

January 1, 1989, a Vision Screening Program was introduced. The Public Health Nurses screen all 4-year-olds at the Child Health Conference for visual acuity and defects of binocularity due to amblyopia/strabismus. Strabismus is the failure of two eyes to simultaneously direct their gaze at the same object. Amblyopia is the inability to achieve at least 20/40 in one eye, despite correction with glasses for a refractive problem and in the absence of any definitive pathology in the eye or central nervous system. The 6-year-olds and the 9-year-olds are screened for visual acuity in school. This program is being evaluated in 1990.

Three Public Health Nurses attended the continued Education Conference for Public Health Nurses in Practice in Saskatoon in May 1989. This started a new three-year-term. The theme is "Promoting the Health of Children and Adolescents in the Family Context".

All Public Health Nurses attended a one-day seminar on November 1 on Peak Performance. The purpose of this seminar was to enhance the skills of the staff in order to serve the public more efficiently. It also benefited all staff in that they were given an opportunity to communicate ideas as well as emphasizing personal development. Two College of Nursing students spent four weeks in the Swift Current Health Region in June 1989. These students were paired with the Public Health Nurse

who provided supervised experiences to the students as appropriate.

The Shaunavon District office received renovations, which has made some improvements in storage and bringing staff into one area.

In March 1990, I forwarded a recommendation to Saskatchewan Property Management Corporation for relocation and renovations of the Maple Creek office.

The physical lay-out of the regional office space in Swift Current continues to show its inefficiencies. Our resources are pushed beyond limits, especially in the support staff cutbacks.

I have however been encouraged by the support from you "the Board Members". Because of your direct input, clean-up and maintenance has improved in some of the volunteer Child Health Clinic sites. This is a great start in meeting the standardization of facility sites. Thank you.

Our Public Health Nurses continue to provide high quality service and I commend them.

Because we in the region function as a team, I would like to recognize all our d.sciplines who make it work and especially our support staff who have overextended themselves so that service delivery would continue.

SELECTED STATISTICS FOR APRIL 1989 - MARCH 1990

Total Number of Nursing Days	1915
Total Number of Home Visits	848
Total Number of Postnatal Home Visits	266
Total Number of Infant/Preschool Appointments in Child Health Conference	4069
Total Number of Mothers	107
Fathers	99
Seen at Prenatal Classes from July to December	
Total Number of Prenatal Home Visits	55
Births	503
Total Number of Students Seen re Health Counselling	654
Total Number of Students Immunized at:	
Age 14 (Boosters for Td and OPU)	811
Age 11 (Girls for MMR)	91

TOTAL NUMBER OF VITAL EVENTS OCCURRING IN SASKATCHEWAN IN 1989
BY HEALTH REGION

HEALTH REGION	BIRTHS	DEATHS	INFANT DEATHS	NEONATAL DEATHS	PERINATAL DEATHS	STILL BIRTHS	INFANT DEATH RATE	PERINATAL DEATH RATE
TOTAL FOR PROVINCE	16572	7861	129	79	114	52	7.78	6.86
# 1 SWIFT CURRENT	503	357	5	4	6	3	9.94	11.86
# 2 MOOSE JAW-ASSINIBOIA-GRAVELBOURG	978	623	9	6	7	2	9.20	7.14
# 3 WEYBURN-ESTEVAN	674	467	6	3	3	1	8.90	4.44
# 5 REGINA RURAL	926	605	3	2	2	2	3.24	2.16
# 7 ROSETOWN-BIGGAR-KINDERSLEY	606	300	6	3	6	3	9.90	9.85
# 8 SASKATOON RURAL	678	303	5	4	6	2	7.37	8.82
#10 YORKTON-MELVILLE	913	831	3	2	3	1	3.29	3.28
#11 MELFORT-TISDALE	925	648	8	5	12	7	8.65	12.88
#12 PRINCE ALBERT	1363	660	14	8	7	3	10.27	5.12
#13 NORTH BATTLEFORD	1482	605	9	4	8	6	6.07	5.38
CITY OF REGINA	3089	1039	27	18	21	6	8.74	6.79
CITY OF SASKATOON	3300	1167	17	10	21	12	5.15	6.34
NORTHERN SASKATCHEWAN	780	118	14	8	10	3	17.95	12.77
OUT OF PROVINCE	355	138	3	2	2	1	8.45	5.62

NUMBER OF BIRTHS OCCURRING IN SASKATCHEWAN IN 1989
BY MOTHER'S AGE, MARITAL STATUS AND HEALTH REGION

		TOTAL	10-14	15-19	20-24	25-29	30-34	35-39	40-44	45+
TOTAL FOR PROVINCE	TOTAL	16572	29	1656	4327	6314	3345	801	95	5
	MARRIED	12107	1	233	2638	5429	3017	704	80	5
	OTHER	4465	28	1423	1689	885	328	97	15	
# 1 SWIFT CURRENT	TOTAL	503		29	114	240	90	28	2	
	MARRIED	437		4	92	231	83	25	2	
	OTHER	66		25	22	9	7	3		
# 2 MOOSE JAW-ASSINIBOIA-GRAVELBOURG	TOTAL	978		77	284	378	190	43	5	1
	MARRIED	796		15	223	342	174	37	4	1
	OTHER	182		62	61	36	16	6	1	
# 3 WEYBURN-ESTEVAN	TOTAL	674	1	48	177	298	126	21	3	
	MARRIED	564		8	137	276	120	20	3	
	OTHER	110	1	40	40	22	6	1		
# 5 REGINA RURAL	TOTAL	926	1	93	262	350	180	36	4	
	MARRIED	700		18	164	312	167	36	3	
	OTHER	226	1	75	98	38	13		1	
# 7 ROSETOWN-BIGGAR-KINDERSLEY	TOTAL	606	1	30	135	262	139	31	8	
	MARRIED	529		6	107	245	133	30	8	
	OTHER	77	1	24	28	17	6	1		
# 8 SASKATOON RURAL	TOTAL	678		35	168	259	173	39	4	
	MARRIED	612		15	142	247	167	37	4	
	OTHER	66		20	26	12	6	2		
#10 YORKTON-MELVILLE	TOTAL	913	2	72	245	354	178	54	7	1
	MARRIED	744		16	179	325	166	50	7	1
	OTHER	169	2	56	66	29	12	4		
#11 MELFORT-TISDALE	TOTAL	925		80	293	364	146	37	5	
	MARRIED	723		18	199	330	136	35	5	
	OTHER	202		62	94	34	10	2		
#12 PRINCE ALBERT	TOTAL	1363	4	190	410	467	231	56	4	1
	MARRIED	845		27	218	360	190	46	3	1
	OTHER	518	4	163	192	107	41	10	1	
#13 NORTH BATTLEFORD	TOTAL	1482	3	181	452	526	258	56	6	
	MARRIED	956		21	247	419	220	43	6	
	OTHER	526	3	160	205	107	38	13		
CITY OF REGINA	TOTAL	3089	4	295	724	1215	667	161	23	
	MARRIED	2211		24	380	1042	607	140	18	
	OTHER	878	4	271	344	173	60	21	5	
CITY OF SASKATOON	TOTAL	3300	6	287	737	1265	796	196	12	1
	MARRIED	2464	1	45	426	1094	717	171	9	1
	OTHER	836	5	242	311	171	79	25	3	
NORTHERN SASKATCHEWAN	TOTAL	780	4	212	247	196	95	19	6	1
	MARRIED	247		12	67	87	63	12	5	1
	OTHER	533	4	200	180	109	32	7	1	

REPORT OF THE PUBLIC HEALTH INSPECTORS

- John Bower

STAFF

In June 1989, Dalton Melenchuk began a three-month field training assignment in the Swift Current Health Region. After being certified in the fall, he took a position with the Yorkton Health Region.

In December of 1989, we were pleased to have Grant Paulson join our staff on a full-time basis, headquartered in Shaunavon. Grant works the Shaunavon, Gull Lake area and the south line to Ponteix and Vanguard. We're glad to have Grant's experience.

Mathew Green completed his first year's work and is now a permanent employee. He continues to work the Leader district and part of the City of Swift Current.

I continue to be shared with the Moose Jaw Health Region. This continues to be a less than perfect situation as I cannot spend as much time in facilities or planning as I would like.

We are now in a position of having our budgeted positions filled. This means that we have three Public Health Inspectors and one-half of a senior. I'm happy to have the three inspectors for the first time in five and one-half years, but we are still faced with the results of losing 25% of our pre-1984 staff levels (one Public Health Inspector position cut) and one-half the senior position. We must still look at reducing work loads to better reflect the staffing level.

PROBLEMS

Problems with improper sewage disposal in various locations were solved this year. In one case, assistance from the Minister's office was needed to gain compliance. The support of the politicians was quite encouraging, as it confirms statements to the effect that the Department will not tolerate clear deviations from regulations.

A long standing problem with an elderly city resident came to a successful conclusion in January when she was relocated to a nursing home.

The poor economy is, of course, causing us problems because of its effects on the businesses we inspect. We've had a few facilities closed recently and hear rumours of others to follow. Hopefully this year will be better and we can turn the corner and more towards better times.

PROGRESS

We have been encouraged by the good response to our food handler schools. Courses were held as follows:

LOCATION	MONTH	ATTENDANCE
Swift Current	May	21
Leader	May	15
Shaunavon	May	21
Swift Current	June	29
Maple Creek	July	29
Maple Creek	September	16
Swift Current	September	18
Shaunavon	October	26
Shaunavon	November	19
Swift Current	November	21
Swift Current	December	13
Swift Current	March	32
Leader	March	15
Maple Creek	March	22
Swift Current	March	25
	15 Courses	322

We're making good progress towards the implementation of Section 10 of the Public Eating Establishment Regulations.

Two Pool Operator Courses were held in the Region last year as follows:

Swift Current	June	14
Maple Creek	June	11
	Total Participants	25

In conclusion, a very challenging year.

ANNUAL STATISTICAL REPORT - 1989-90

PROGRAM AREA	NUMBER OF FACILITIES	PERCENTAGE OF TIME SPENT
Public Eating Est.	243	12
Food Distribution	86	2
Food Processing	43	3
Liquor Outlets	56	1
Public Water Supply	37	3
Hospitals	11	0
Schools	69	1
Housing	---	2
Institutions	34	1
Mobile Home Courts	5	1
Trailer Courts	12	2
Hotels	36	1
Motels	30	1
Swimming Pools	32	3
Personal Services	59	0
Recreational Facilities	87	3
Plumbing	---	6
Investigations	---	3
General Services		27
Office Services		27

* A 0% report indicates less than 60 hours of work in the year, not that no work was done.

REPORT OF THE SPEECH-LANGUAGE PATHOLOGIST

- Isabelle Roth

The Speech and Language Pathology Program provides for the identification and remediation of communication disorders in the preschool and adult population. Priority for service is given to the preschool population. Communication disorders can consist of: sound production problems, delay or disorders in understanding language or expressing one's thoughts and ideas, fluency disorders (stuttering) and voice problems (nasality, hoarseness). An individual may have difficulty in one or a combination of these areas.

The services provided by the Speech-Language Pathologist to clients includes an assessment to determine if and what types of communication disorder exists. If a disorder exists, treatment is provided either through direct therapy or through a home program provided by the Speech-Language Pathologist and implemented by a family member or caregiver (eg. Palliser Regional Care Center). Clients who are placed on a home program have their progress periodically re-evaluated.

The Speech and Language Pathology Program underwent many staffing changes this past year. Speech-Language Pathologist Michele Kusler, who held a part-time position covering Leader and Maple Creek Clinics, was terminated on June 30, 1989. Her caseload was then transferred to the existing Speech-Language Pathologist, Lynn Bateson. In early September, 1989, Lynn Bateson left Swift Current for a position with Regina Rural Health Region. The Speech-Language Pathologist position remained vacant until mid-October, 1989, when it was filled by Isabelle Roth.

At present, regular clinics are held at Shaunavon, Maple Creek and Swift Current. The Speech-Language Pathologist attends monthly meetings of the Early Childhood Intervention Program - Admissions and Reviews Committee. Interagency meetings are being held with the Swift Current, Gull Lake and Maple Creek shared services to collaborate on the efficient transfer of children from Community Health to the school system.

In summary, I have enjoyed the first six months of working with you. I look forward to new challenges in the year to come.

SPEECH-LANGUAGE PATHOLOGY SELECTED STATISTICS
April 1, 1989 - March 31, 1990

A.	DISTRIBUTION OF TIME:	
	- Casework	63.8%
	- Public Education	1.3%
	- Professional Development	11.3%
	- Administration	15.0%
	- Travel	9.1%
B.	SOURCE OF REFERRALS:	
	- Public Health Nurse	57
	- Early Childhood Psychologist	3
	- Medical Doctors	11
	- Saskatchewan Hearing Aid Plan	2
	- Parents	13
	- Other	44
	TOTAL NUMBER OF REFERRALS	130
C.	STATUS OF CASELOAD AS OF MARCH 31, 1990:	
	- Waiting for Assessment	34
	- Waiting for Therapy	11
	- In Treatment	80
	- Overdue for Reviews	14
		125

REPORT OF THE EARLY CHILDHOOD PSYCHOLOGY PROGRAMME

- Ms. Suzanne Schulz

The Early Childhood Psychologist position for Swift Current and Moose Jaw Regions had remained open for one and one-half years previous to July, 1989. Given this, the nine months since my arrival in Swift Current have been a busy time. Initially the focus of attention was directed to orientation, to consultation with other staff members of Community Health Services Branch and to organizing two offices - for Swift Current and Moose Jaw.

In both offices this involved assembling essential files, test kits and resource materials. The process of identifying the core caseload required a review of all files so that all clients were accounted for and placed on an updated waiting list or were discharged if services were no longer required because of such things as, a child reaching school age, a family move or a transfer of services to another agency. Visits were made to Public Health Nurses in District Offices throughout the two regions while, in Swift Current, attention focused on the task of developing Swift Current as the Early Childhood Psychologist's Headquarters.

In the fall of 1989, the original core caseload was pared down to twenty-one in Swift Current and to sixty-two in Moose Jaw. These numbers represented preschoolers most urgently in need of assessment because already serious situations had been compounded by a long wait for services. Cases were priorized according to type and severity of presenting problem (Table I).

Children were most likely to receive direct services from the Early Childhood Psychologist if their presenting problems fell into Type A or Type B categories. After assessment these children generally were referred to services already available for on-going developmental programming. These services included other preschool services available through Community Health Services Branch, the Early Childhood Intervention Program and centre-based regular, or special needs programs (eg. in preschools, nursery schools or day cares). Initially, any attendant behaviourial concerns were handled by sending resource materials on to parents via the mail or via other Community Health Services Branch personnel. Time constraints prevented more in-depth follow-up. Where a preschooler's behaviour was shown to be a Type C (eg. family - related) problem, the family was referred to Social Service's Community Living or Child and Youth Divisions, to Mental Health or to community based agencies, such as Moose Jaw Family Life Centre.

Following this, by the end of 1989, services to children and their families were more evenly distributed across assessment, counselling, case conferencing and consulting services. On-going parent - child counselling had been initiated, admissions to early school entrance had been accepted and case management and program goals were being provided for other children.

A turning point was reached in the new year. In Swift Current the waiting list had been reduced to the point where referrals could be served within a month of their acceptance to the caseload. Therefore, the emphasis of the work shifted to more consultative services and more follow-up therapy for children assessed. This emphasis has been expanded further to include professional development for Day Care Staff in Swift Current. Inservices have introduced Day Care Staff to complete developmental programs appropriate for use with various Special Need children. Other inservices have shown staff members how to discipline and encourage the positive development of children with special behaviourial problems. Requests to participate in Public Education events now are being accepted and entered onto the calendar. In addition, regular monthly visits now are being made to Shaunavon and Maple Creek district offices to provide local services to parents and children in Swift Current Region. And, the number of referrals again is increasing in Swift Current Region.

Statistics show, when referrals for Swift Current increase, how there is a proportionate decrease in demand for services in Moose Jaw (see Table II) This shift toward Swift Current appears to be continuing and several factors may account for it.

1. There may be a correlation between number of Early Childhood Psychologists and use of services; Moose Jaw was previously served by a fulltime psychologist who was later shared with Swift Current Region. This reduced the number of Early Childhood Psychologists from 1.0 to 0.6 in Moose Jaw. In effect, the 0.6 position was reduced further to 0.4 when the present Early Childhood Psychologist was headquartered in Swift Current.

   * (This type of correlation has been reported in regard to the number of physicians and use of medical services in Saskatchewan - see Murray Commission Report, 1990.)

2. There may be a correlation between available working hours and demand for services per region. Fewer working days (2 per week) are spent in Moose Jaw than in Swift Current. Therefore, travel time, attendance at meetings and administrative tasks may

be equally divided between regions (see Table III) yet take up a greater proportion of work time available in the second region.

3. There may be a correlation between the waiting period for services and the demand for services per region. Because of time constraints, there is a lag in delivering the same type of services to Moose Jaw as to Swift Current. In the interim needs go unmet or alternative services are pursued. In some cases, Moose Jaw area families travel out of the region or even move out of province to obtain services. Conversely, Swift Current area families who previously travelled to Alberta now may be more likely to seek services in Saskatchewan.

The Early Childhood Psychologist will continue to develop new initiatives in Swift Current, with a view to their transfer to Moose Jaw Region.

The following initiatives are planned for the coming fiscal year, as resources allow:

a) To develop services to Moose Jaw Region (eg. regular District Office visits).

b) To explore possibilities arising out of the Special Education and Technologies Conference attended in Saskatoon. These possibilities include accessing programs for special needs children through a computer network. Fiscal requirement: purchase of a modem.

c) To institute a file of resource material relating to general parenting concerns which may be accessed by Community Health Services Branch Personnel both in Swift Current and in Moose Jaw for distribution to parents (eg. material on toilet training, sleep problems, childhood fears). Fiscal requirements: xerox materials and some clerical support to keep files stocked.

d) To develop play therapy as a more viable assessment tool by establishing an appropriate collection of toys, puppets, family dolls and furniture in each region. Fiscal requirement: purchase of collection.

e) To develop an effective model for intra - and inter-agency case management.

f) To assess the demand for Early Childhood Psychology services to Type C category (see

Table I - children with delays in families at risk). And, then, in consultation with Social Services and Mental Health workers, to develop a more effective method for delivery of Early Childhood Psychology Services to these children and their families.

g) To explore the feasibility of a team approach to servicing rural areas.

To summarize, a total of 282 direct services with or for children were provided from September 1, 1989 to March 31, 1990. It is expected that the demand for services will increase further still as Public Education activities increase. It is projected that more of this increase will come from within Swift Current Region, than Moose Jaw Region.

TABLE I

TYPE AND SEVERITY OF PRESENTING PROBLEM

Type A: Children With Known Handicap

1. Congenital anomaly
   a) Major (probability of permanent disability) eg: Down's Syndrome.
   b) Moderate (correction may be possible) eg: cleft palate.

2. a) Major handicap acquired during first five years of life (probability of permanent disability) eg: Cerebral Palsy, severe brain damage.
   b) Moderate handicap acquired during first five years of life (correction may be possible) eg: loss of limb.

Type B: Children With Observed Delays And Attendant Developmental Risk Factor(s)

3. Low Birth Weight
   a) Major (0 - 1499 gm)
   b) Moderate (1500 - 2499 gm)

4. Complications of Pregnancy
   a) Major (infections that can be transmitted in utero and may damage the fetus) eg: rubella.
   Major (drugs) eg: alcohol abuse diagnosed in mother.

5. Complications of Labour and Delivery
   a) Major (earliest recorded signs show serious delay) eg: very low apgar score.
   b) Moderate (infant trauma or illness) eg: convulsions, respiratory distress syndrome.
   c) Mild (labour requiring use of forceps) eg: breech delivery with forceps.

6. Family history of a handicap detectable after birth eg: deafness, mental retardation.

7. Developmental concerns not already covered in any above category.
   a) Major (seriously delayed development in first five years) eg: previous assessment completed.
   b) Moderate (delay apparently acquired in first five years) eg: illness, trauma.

Type C: Children With Observed Delays And Attendant Risk Factor(s)

8. Age of mother
   a) Major (15 and under).
   b) Moderate (16 or 17).

9. Social Situations
   a) Major (father not resident and no support).
   b) Moderate (father not resident and supportive but no other social support, or severe isolation by language or geography).

10. On social assistance or financial difficulties.

11. No prenatal care before sixth month.

12. Mental illness or retardation in mother and/or father resident with child.
   a) Major (may have made traumatic or cumulative impact to developing child) eg: post-partum depression, schizophrenia or manic depression.
   b) Moderate (may have imposed limits on parenting skill level) eg: mental retardation.

13. Prolonged maternal-infant separation.
   a) Major (emotional distance) eg: lack of eye contact, minimal verbal interaction and touching initiated by mother.
   b) Moderate (physical distance) eg: separations of five days or more due to post-partum complications, infant hospitalizations.

14. Three or more hospitalizations in a year in absence of known handicap or chronic illness.

15. Other - may be major, moderate or minimal in severity -eg: marital distress, low education status, failure to thrive, difficulty raising an older child.

(Adapted from Nursing Risk Assessment, J. Helen Parbyn, Director of Nursing, Preventative Services, British Columbia Ministry of Health.)

TABLE II

STATISTICS

NUMBER OF CASES PER REGION AS A PERCENTAGE OF TOTAL CASELOAD

	TOTAL	SWIFT CURRENT	MOOSE JAW
September 30, 1989	100	33	7
December 31, 1989	100	40	60
March 31, 1990	100	40	45
(April 30, 1990	100	45	55)

TABLE III

STATISTICS (SEPTEMBER 1, 1989 TO MARCH 31, 1990)

A. WORK ACTIVITIES AS A PERCENTAGE OF TOTAL TIME

ACTIVITY	TOTAL	SWIFT CURRENT	MOOSE JAW
Casework/Case Management	44	44	43
General Consultation	12	14	11
Early Childhood Intervention Program	3	3	3
Public Education	2	2	2
Research	2	2	2
Inservice	1	1	1
Professional Updating	3	4	3
Travel	11	7	15
Administration	22	23	20
TOTAL	100	100	100

B. CASELOAD MANAGEMENT

Total Number or Direct ECP Services With or For Children	282	150	132
Average Number of Direct ECP Services Provided Per Month	40	21	19
Average Monthly Caseload	89	33	56
Number of New Referrals	84	34	50
Number of Discharges	62	14	48
Caseload on April 1, 1990	102	42	64

C. REFERRAL SOURCES

Public Health Nurse	41	15	26
Speech and Language	20	5	15
ECIP	6	4	2
Parent/Guardian	9	4	5
Others	8	6	2

Statistics for both regions kept from September 1989.
Previous statistics available for Swift Current only.

REPORT OF THE PUBLIC HEALTH NUTRITIONIST

- Laurie A. Wadsworth

During the 1989-90 year, the Nutrition Program continued to promote optimal nutritional health for the community through provision of a wide variety of educational services. This was achieved through professional consultation and inservice, group education sessions, media promotional activities, resource development and revision, and continued program planning.

The Public Health Nutritionist remained responsible for the Nutrition Program administration and service delivery for two health regions, Swift Current and Moose Jaw - Assiniboia - Gravelbourg.

A summary of activities and progress during the past year follows.

1. Heart disease remains the number one killer of adults in Canada. The impact of the Canadian Cholesterol Consensus Conference has been evident this past year. Demand for information and consultation regarding diet and heart health has been staggering. In response, the Public Health Nutritionist chaired a committee responsible for development of the two-part workshop series, "Eat Smart for Your Heart".

   Reaction from the public to this workshop series has been favourable. Demand for further presentations has been positive, with several events planned for the coming year.

2. National Nutrition Month, March 1990, focused on low fat eating styles through the promotion of a cookbook written by the Canadian Dietetic Association. Provincially, the Public Health Nutritionists offered "Eat Smart" grocery store tours. This project will be carried forward with tours given to groups on demand.

3. From April to July, an innovative Nutrition Display toured the province. Response from visitors to the "Nutrition Park" was very favourable. Often regional personnel staffed the display, providing an excellent opportunity to increase the branch profile in the community.

4. In mid-March 1990, the revised Nutrition Recommendations for Canadians were released by the Honourable Perrin Beatty, Minister of National

Health and Welfare. This document contains definitive statements on the fat, carbohydrate and sodium content of the Canadian diet as well as recommendations pertaining to the alcohol and caffeine content of the diet and local water fluoridation. For the general public these recommendations have been translated into Canada's Guidelines for Healthy Eating. The report also contains extensive recommendations for action by various government and private sectors. It is hoped that this document will further enhance the trend towards healthier communities.

5. In response to the Public Health Nurses' Nutrition Education Needs Assessment conducted a year ago, a monthly newsletter was implemented. Topics deal with areas of concern as identified by Public Health Nurses.

6. During the past year, all of the nutrition tearsheets/handouts were revised and updated. The nutrition handouts for parents of preschoolers were rewritten. The new topics covered were a result of a survey of Department health professionals. These will be instituted throughout the coming year.

7. Further to the preschool years, the Canadian Guidelines - Promoting Nutritional Health During the Preschool Years were published. This was a joint project of the National Institute of Nutrition and the federal government. This publication fills a much-needed gap in nutrition guidelines for children.

8. Project APEX, an Action Plan on Eating and Exercise, was introduced to Swift Current area teachers. The project targets grade five classrooms. Knowledge, attitudes and behaviours of students regarding diet and fitness have shown improvement during pilot studies in Ontario and Saskatoon area schools. Interested Swift Current teachers were provided with a workshop detailing the classroom activities of the program. Teacher's guides, student journals and family newsletters were provided courtesy of the Saskatchewan Dairy Foundation and the Department of Culture, Multiculturalism and Recreation. To promote the project in the Swift Current area, a joint press conference was held with the Honourable Colin Maxwell, Minister of Culture, Multiculturalism and Recreation, Mr. John Nykolaishen, Program Co-ordinator for Saskatchewan Dairy Foundation and the local Public Health Nutritionist.

9. Group presentations were provided to 21 groups comprising 349 individuals. The high demand for nutrition services continued, resulting in the provision of professional consultation, resources and counselling to 410 individuals, agencies and special groups.

Due to the shared responsibilities of two health regions, there has been a marked increase in the amount of consultation and technical support provided.

NUTRITION PROGRAM STATISTICS - 1989-90

NUTRITION EDUCATION & INSERVICE	
Number of groups	21
Attendance	349
Public Heath Nurses' Newsletter	9
ORIENTATION	
Number of sessions	5
Attendance	5
MEDIA & NUTRITION PROMOTION	
Newspaper	
Columns written	5
Columns edited	31
Columns sent to newspapers	36
Media interviews	2
Press conference	1
Displays	4
Resource development	4
Resource review	24
Resource revision/editing	17
PROFESSIONAL CONSULTATION/TECHNICAL SUPPORT	
Health professionals	200
Educators & students	5
Lay public	159
INDIVIDUAL CLIENT CONCERNS	
Consultation	20
Screened/Assessed	2
Counselled	24

SPECIAL PROJECTS

Prenatal Screening Committee
"Eat Smart for Your Heart" Committee
Nutrition Program Computer Use Committee

REPORT OF THE DENTAL HEALTH EDUCATOR

- Loretta Fuller

Since its beginning in October, 1987, the Dental Health Education Program has received increased interest and support within the region.

The main objective of the program is to establish and promote positive dental habits and to increase personal responsibility for maintaining a high level of good dental health.

The following report will highlight some of the various activities during the past year.

SCHOOL PRESENTATIONS

Classroom presentations to the kindergarten through grade six students remain the main target of the program. All presentations are based upon the Department of Education's curriculum per grade level. These presentations continue to be well accepted by the students and the teachers.

APRIL - DENTAL HEALTH MONTH

April, 1989, was an exciting month with the addition of dental health month activities to the normal program delivery. Mall displays were manned by the Dental Health Educator in Swift Current and Shaunavon. Displays such as these present the opportunity of reaching a variety of people not normally seen.

FLUORIDE MOUTHRINSE PROGRAMS

Nine schools continue with the fluoride mouthrinse program. Similar programs have shown a reduction of dental decay by 20 - 50%. Some schools have noticed a decrease in the decay rate and are enthusiastic about continuing. Others seem to be tiring of the effort needed to maintain the program. Although the program is effective, an alternative would be the addition of fluoride to the town water supply.

PRESCHOOL DENTAL KIT

The preschool kit, featuring Charlie Chew, has had a successful year. The kit was revised to include more activities of interest to the preschool child. Evaluations, filled out by the care-givers, are all very positive.

PREPARATION TIME

Materials relating to dental health are both expensive and rare; therefore many of the visual aids used in presentations are currently being created by the Dental Health Educator. Much of the preparation of this material is being done during the time the students are on holidays.

The Dental Health Education program has proven to provide an earlier contact with families and children, better education of other health care professionals, and an early start to preventive therapies. This, we hope, will in turn decrease the amount of difficult treatment children will have to cope with in the future.

DENTAL HEALTH EDUCATION STATISTICS
APRIL 1, 1989 - MARCH 31, 1990

Number of Schools Visited	61
Number of Presentations	287
Number of Children Seen	5362

DISTRIBUTION OF TIME

Presentations	21%
Travel Time	12%
Fluoride Mouthrinse Program	5%
Conferences and Meetings	9%
Providing Information	5%
Day Care Kit	3%
Administration	20%
Scheduling and Preparation Time	15%
Professional Development	10%

DENTAL HEALTH MONTH DISPLAYS

SWIFT CURRENT WHEATLAND MALL - APRIL 20, 1989

Items Distributed/People Contacted:

Adult's Toothbrushes	183
Children's Toothbrushes	130
Floss	140
Total Items Distributed	453

SHAUNAVON CO-OP - APRIL 19, 1989

Items Distributed/People Contacted:

Adult's Toothbrushes	193
Children's Toothbrushes	98
Floss	119
Total Items Distributed	410

COMMUNITY HEALTH

TREATMENT BRANCH

REPORT OF THE CHIROPODIST

- Dr. Terry M. Wharton, Chiropodist

This report covers the period April 1, 1989 to October 1, 1989, which is when Community Health Services Branch was split into Prevention Services Branch and Treatment Services Branch.

The Chiropody program was incorporated into Community Health Treatment Services Branch which has meant a few administrative changes but no alteration in the pattern of service delivery in the region.

Chiropody services are delivered at three clinic locations in the region; Swift Current, which is the main office, and Shaunavon and Maple Creek, which both receive service every three weeks.

The caseload at all the centres has been increasing steadily over the last few years, and although it has not become necessary to have waiting lists for treatment, some delays are occurring in re-booking patients. There were a total of 1,351 active patients in the Region as of October 1, 1989. Of this caseload, approximately 57% are over the age of 65.

Treatments - For Six Month Period
April 1 - October 1, 1989

	Swift Current	Shaunavon	Maple Creek	Total
New	267	30	48	345
Return	1437	116	162	1715
Total	1704	146	210	2060

The daily average of patient treatments was 23.75. This is above the provincial objective set by Regina.

I would like to take this opportunity to thank all the staff in the region who have helped in the delivery of services, especially Cathy Sartison, Chiropody Assistant, who, by being so dedicated to the patients and being committed to her position makes me look so good.

REPORT OF THE COMMUNITY THERAPIST

- Lyn Sauder

The Community Therapy program continues to be in demand in the region, providing direct patient treatment, consultation and education services. We continue to provide services to rural hospitals (inpatients and outpatients), special care homes, schools, developmental centres, sheltered workshops and to patients in their own homes. We offer consultation and education services to staff of these facilities, as well as education for the general public.

Area coverage and staffing have not changed since the January, 1990 report but I will summarize as follows:

Dianne Kruse-Dahl	- Physiotherapist - continues to work in Shaunavon, providing service to Climax and Eastend on an on-call basis.
Colette Anderson	- Physiotherapist - presently on maternity leave, will return to work on June 1, 1990, to assist Dianne in Shaunavon and provide service to Climax and Eastend.
Bev LeBruno	- Physiotherapist - provides service to Central Butte, Ponteix, Vanguard and Herbert.
Lyn Sauder	- Occupational Therapist - Provides service to Cabri, Leader, Maple Creek, Gull, Lake, Central Butte and Swift Current (Nursing Home, Lodge and community).

As of October 1, 1989, Community Health Services was separated into Treatment and Prevention Branches. Community Therapy falls under Treatment Branch and all therapists report directly to the Director of Community Therapy, Donna Bjore, in Regina. At this time, we apparently are not expected to provide written reports for the Regional Board on a regular basis. We would, of course, be happy upon request from the Board, to provide an update of Community Therapy activity within the region.